United States District Court Southern District of New York

| Grant Revision (full name of the plaintiff or petitioner applying (each person must submit a separate application)) -against- | 17CV 835 7 CV () () () (Provide docket number, if available; if filing this with |
|---|---|
| Jewish Board of Aponilies & C Jonathan Mclean Rawson (full name(s) of the defendant(s)/respondent(s)) | your complaint, you will not yet have a docket number.) Children's Services LIM PALMER COLLIN QUEMMIC LIET MARS hell |
| APPLICATION TO PROCEED WITHO I am a plaintiff/petitioner in this case and declare that I and I believe that I am entitled to the relief requested in proceed in forma pauperis (IFP) (without prepaying fees of true: | am unable to pay the costs of these proceedings this action. In support of this application to |
| 1. Are you incarcerated? | No (If "No," go to Question 2.) |
| Do you receive any payment from this institution? Monthly amount: If I am a prisoner, see 28 U.S.C. § 1915(h), I have attadirecting the facility where I am incarcerated to ded and to send to the Court certified copies of my account. S.C. § 1915(a)(2), (b). I understand that this means | uct the filing fee from my account in installments unt statements for the past six months. See 28 |
| 2. Are you presently employed? Yes If "yes," my employer's name and address are: | No |
| Gross monthly pay or wages: If "no," what was your last date of employment? Gross monthly wages at the time: | 11/29/2016 3,700 |
| In addition to your income stated above (which you living at the same residence as you received more th following sources? Check all that apply. | should not repeat here), have you or anyone else an \$200 in the past 12 months from any of the |
| (a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends | Yes No |

| | | (c) Pension, annuity, or life insurance payments | ☐ Yes ☐ | No |
|-----------|-----------|--|--|--------------|
| | | (d) Disability or worker's compensation paymer | ts Yes | No |
| * whit is | · · · · · | (e) Gifts or inheritances | Yes | No |
| <u></u> | 1. | (f) Any other public benefits (unemployment, so food stamps, veteran's, etc.) | cial security, Yes | No |
| | | (g) Any other sources | ☐ Yes ☐ | |
| | | | , , | No |
| | • | If you answered "Yes" to any question above, der | cribe below or on separate pages each so | ource of |
| | | money and state the amount that you received ar make make | what you expect to receive in the futur | |
| | | july our E | | |
| | | T(| | |
| | | If you answered "No" to all of the questions above | e, explain how you are paying your expe | enses: |
| | | 1 × × | • | |
| • | 4. | How much money do you have in cash or in a ch | | |
| • | π. | A C | Exilig, savings, or inmate account? | |
| | | 7 | | |
| | 5. | Do you own any automobile, real estate, stock, bo | nd, security, trust, jewelry, art work, or o | other |
| | | financial instrument or thing of value, including a | ny item of value held in someone else's : | name? If so, |
| | | describe the property and its approximate value: | e cost \$350, | 000 |
| | | own home | | |
| | 6. | Do you have any housing, transportation, utilities | . or loan payments or other regular mor | uthly. |
| | | | | |
| n n /4aa | ne | expenses? If so, describe and provide the amount ## 2,700 Lesse Util, Hes List all people who are dependent on you for sup | # H68 per/mon | |
| · W 1J-5 | | EN Utilities | \$ 750 per mon | r M |
| | 7. | | | and how |
| | | much you contribute to their support (only provided to their s | e mudais for minors under 18): | |
| | | | | |
| | 8. | Do you have any debts or financial obligations no | described above? If so, describe the amo | ounts owed |
| | | and to whom they are payable: | | |
| | | | | |
| | Dec | laration: I declare under penalty of perjury that the | above information is true. I understand | that a false |
| | stat | ement may result in a dismissal of my claims. | | The same |
| | | 10/30/17 | The state of | |
| | Dat | ed | Signature | |
| | B | ENNIS ROGER | | |
| • | Nar | ne (Last, First, MI) | Prison Identification # (if incarcerated) | • |
| 2 | . 2 | LINCOLN Terrace Youkers | N4 10 76 | 7/ |
| | | ress City | State Zip Code | |
| / | _9/ | 7) 658-5/68 | RENNIS 2166m | ail. Con |
| . (| Tele | ephone Number | E-mail Address (if available) | |
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